2:08-CV-00486-EFB

DECLARATION OF JAMES C. HARRISON IN SUPPORT OF PLAINTIFFS' MOTION FOR PRELIMINARY INJUNCTION

EXHIBIT G

COVER PAGE

Recipient Committee Campaign Statement

(Government Code Sections 84200-84216.5)

Type or print in ink.

Date Stamp

CALIFORNIA 2001/02 FORM **460**

For Official Use Only

SEE INSTRUCTIONS ON REVERSE

Statement covers period from 01/01/2003 through 06/30/2003

Date of election if applicable: (Month, Day, Year) 11/05/2002

1. Type of Recipient Committee: All Committees - Complete Parts 1,2,3, and 4.

- [x] Officeholder, Candidate Controlled Committee
  - ○ State Candidate Election Committee
  - ○ Recall (Also Complete Part 5.)
- [ ] General Purpose Committee
  - ○ Sponsored
  - ○ Small Contributor Committee
  - ○ Political Party/Central Committee
- [ ] Ballot Measure Committee
  - ○ Primary Formed
  - ○ Controlled
  - ○ Sponsored (Also Complete Part 6.)
- [ ] Primary Formed Candidate/ Officeholder Committee (Also Complete Part 7.)

2. Type of Statement:

- [ ] Pre-election Statement
- [ ] Semi-annual Statement
- [x] Termination Statement
- [ ] Amendment (Explain below)
- [ ] Quarterly Statement
- [ ] Special Odd-Year Report
- [ ] Supplemental Preelection Statement - Attach Form 495

3. Committee Information

I.D.NUMBER 1234856

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE
Bill Leonard for Board of Equalization

STREET ADDRESS (NO P.O. BOX)

CITY: Rancho Cucamonga, STATE: CA ZIP CODE: 91729 AREA CODE/PHONE:

MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX

CITY STATE ZIP CODE AREA CODE/PHONE

OPTIONAL: FAX/E-MAIL ADDRESS

Treasurer(s)

NAME OF TREASURER
Ravelle Lyn Greene

MAILING ADDRESS

CITY: Alta Loma STATE: CA ZIP CODE: 91701 AREA CODE/PHONE:

NAME OF ASSISTANT TREASURER, IF ANY

MAILING ADDRESS

CITY STATE ZIP CODE AREA CODE/PHONE

OPTIONAL: FAX/E-MAIL ADDRESS
909-948-3555 / greeneinca@aol.com

4. Verification

I have used all reasonable diligence in preparing and reviewing this statement and to the best of my knowledge the information contained herein and in the attached schedules is true and complete. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on 07/10/2003 (DATE) By Ravelle Lyn Greene (SIGNATURE OF TREASURER OR ASSISTANT TREASURER)

Executed on 07/10/2003 (DATE) By Bill Leonard (SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROPONENT OR RESPONSIBLE OFFICER OF SPONSOR)

Executed on _____ (DATE) By _____ (SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROPONENT)

Executed on _____ (DATE) By _____ (SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROPONENT)

947356-0

Recipient Committee Campaign Statement Cover Page – Part 2

Type or print in ink.

5. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE

Bill Leonard

OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)
Held: Board of Equalization Member
Board of Equalization District 2

RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET)	CITY	STATE	ZIP
	R. Cucamonga	CA	91729

Related Committees Not Included in this Statement: List any committees not included in this statement that are controlled by you or are primarily formed to receive contributions or to make expenditures on behalf of your candidacy.

COMMITTEE NAME	I.D.NUMBER
Friends of Bill Leonard	1250968
NAME OF TREASURER	CONTROLLED COMMITTEE?
Ravelle Lyn Greene	■ YES ☐ NO

COMMITTEE ADDRESS STREET ADDRESS (NO P.O.BOX)

CITY	STATE	ZIP CODE	AREA CODE/PHONE
R. Cucamonga	CA	91729	

COMMITTEE NAME	I.D.NUMBER
NAME OF TREASURER	CONTROLLED COMMITTEE?
	☐ YES ☐ NO

COMMITTEE ADDRESS STREET ADDRESS (NO P.O.BOX)

CITY	STATE	ZIP CODE	AREA CODE/PHONE

6. Ballot Measure Committee

NAME OF BALLOT MEASURE

BALLOT NO. OR LETTER	JURISDICTION	☐ SUPPORT ☐ OPPOSE

Identify the controlling officeholder, candidate, or state measure proponent, if any.

NAME OF OFFICEHOLDER, CANDIDATE, OR PROPONENT

OFFICE SOUGHT OR HELD	DISTRICT NO. IF ANY

7. Primarily Formed Committee

List names of officeholder(s) or candidate(s) Ffor which this committee is primarily formed.

NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	☐ SUPPORT ☐ OPPOSE
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	☐ SUPPORT ☐ OPPOSE
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	☐ SUPPORT ☐ OPPOSE
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	☐ SUPPORT ☐ OPPOSE

Attach continuation sheets if necessary

947755-0

Campaign Disclosure Statement Summary Page

Type or print in ink. Amounts may be rounded to whole dollars.

SUMMARY PAGE

Statement covers period from 01/01/2003 through 06/30/2003

CALIFORNIA FORM 460

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
Bill Leonard for Board of Equalization

I.D. NUMBER
1234856

Contributions Received

		Column A (TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES))	Column B (CALENDAR YEAR TOTAL TO DATE)
1. Monetary Contributions	Schedule A, Line 3	$77,500.00	$77,500.00
2. Loans Received	Schedule B, Line 7	($104,500.00)	($104,500.00)
3. SUBTOTAL CASH CONTRIBUTIONS	Add Lines 1 + 2	($27,000.00)	($27,000.00)
4. Nonmonetary Contributions	Schedule C, Line 3	$.00	$.00
5. TOTAL CONTRIBUTIONS RECEIVED	Add Lines 3 + 4	($27,000.00)	($27,000.00)

Calendar Year Summary for Candidates Running in Both the State Primary and General Elections

	1/1 through 6/30	7/1 to Date
20. Contribution Received	$.00	$.00
21. Expenditures Made	$.00	$.00

Expenditures Made

6. Payments Made	Schedule E, Line 4	$104,235.09	$104,235.09
7. Loans Made	Schedule H, Line 7	$.00	$.00
8. SUBTOTAL CASH PAYMENTS	Add Lines 6 + 7	$104,235.09	$104,235.09
9. Accrued Expenses (Unpaid Bills)	Schedule F, Line 3	$.00	$.00
10. Nonmonetary Adjustment	Schedule C, Line 3	$.00	$.00
11. TOTAL EXPENDITURES MADE	Add Lines 8 + 9 + 10	$104,235.09	$104,235.09

Expenditure Limit Summary for State Candidates

22. Cumulative Expenditures Made*
(If Subject to Voluntary Expenditure Limit)

Date of Election (mm/dd/yy)	Total to Date

*Since January 1, 2001. Amounts in this section may be different from amounts reported in Column B.

Current Cash Statement

12. Beginning Cash Balance	Previous Summary Page, Line 16	$131,053.59
13. Cash Receipts	Column A, Line 3 above	($27,000.00)
14. Miscellaneous Increases to Cash	Schedule I, Line 4	$181.50
15. Cash Payments	Column A, Line 8 above	$104,235.09
16. **ENDING CASH BALANCE**	Add Lines 12 + 13 + 14, then subtract Line 15	$.00

If this is a termination statement, Line 16 must be zero.

17. LOAN GUARANTEES RECEIVED	Schedule B, Part 2	$.00

To calculate Column B, add amounts in Column A to the corresponding amounts from Column B of your last report. Some amounts in Column A may be negative figures that should be subtracted from previous period amounts. If this is the first report being filed for this calendar year, only carry over the amounts from Lines 2, 7, and 9 (if any).

Cash Equivalents and Outstanding Debts

18. Cash Equivalents	See instructions on reverse	$.00
19. Outstanding Debts	Add Line 2 + Line 9 in Column B above	($104,500.00)

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Schedule E
Payments Made

Type or print in ink.
Amounts may be rounded to whole dollars.

Statement covers period
from 01/01/2003
through 06/30/2003

CALIFORNIA FORM **460**

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
Bill Leonard for Board of Equalization

I.D. NUMBER
1234856

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP	campaign paraphernalia/misc.	MBR	member communications	RAD	radio airtime and production costs
CNS	campaign consultants	MTG	meetings and appearances	RFD	returned contributions
CTB	contribution (explain nonmonetary)*	OFC	office expenses	SAL	campaign workers' salaries
CVC	civic donations	PET	petition circulating	TEL	tv. or cable airtime and production costs
FIL	candidate filing/ballot fees	PHO	phone banks	TRC	candidate travel, lodging, and meals
FND	fundraising events	POL	polling and survey research	TRS	staff/spouse travel, lodging, and meals
IND	independent expenditure supporting/opposing others (explain)*	POS	postage, delivery and messenger services	TSF	transfer between committees of the same candidate/sponsor
LEG	legal defense	PRO	professional services (legal, accounting)	VOT	voter registration
LIT	campaign literature and mailings	PRT	print ads	WEB	information technology costs (internet, email)

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR DESCRIPTION OF PAYMENT	AMOUNT PAID
Friends of Bill Leonard Rancho Cucamonga,, CA 91729 Committee ID. 1250968	TSF		$100,193.36
Citibank The Lakes,, NV 89163		Misc. receipts	$369.45
Southwest Airlines Dallas,, TX 75235	TRC	Airfare: member/wife SAC/ONT/SAC	Memo Amt: $377.00

*** Payments that are contributions or independent expenditures must also be summarized on Schedule D.**

SUBTOTAL

Schedule E Summary

1. Payments made this period of $100 or more. (Include all Schedule E subtotals.) $104,211.74
2. Unitemized payments made this period of under $100. ..... $23.35
3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).) ..... $.00
4. Total payments made this period. (Add lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.) ..... **TOTAL** $104,235.09

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